

2020253

KINETIC ENERGY SYSTEM FINANCIAL DISCLOSURE REPORT

RECORDED IN THE OFFICE OF THE SECRETARY OF STATE
ON AUGUST 25, 1944.

REPORT COVERING:

- G JANUARY 1 through JUNE 30, 2007 - DUE BY AUGUST 15
G JANUARY 1 through DECEMBER 31, X - DUE BY FEBRUARY 15

**FOR OFFICE USE
ONLY**

Portrait Due:

Name: OSTLUND ROBIN M.
Last First MI

2. Business Address: 300 Atlantic Street, Stamford, CT 06901
Street and No. City State Zip

Mailing Address: 12th Floor

3 Primary Phone: 203-905-5376
Area Code and Telephone Number

Employer: *FCI Advisors, LLC.*

5 Employer's address. SAME AS ABOVE
Street and No. _____ City _____

⁶ Did you make any expenditure exceeding £100 on your activities, including contributions, gifts or donations?

From January 1 through June 30? Yes No
From July 1 through December 31? Yes No Not applicable

If the answer to either question is **Number 6** choose **SMS**, otherwise **Subtotal**.

7. Did you make explicit/implicit assumptions about the worth of \$250 for a commitment system of Social

From January 1 through June 30? Yes No
From July 1 through December 31? Yes No

If the answer to either question in **Question 7** above is YES, complete Schedule A and attach.

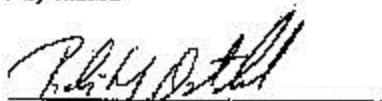
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9. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Louisiana State Retirement System (LRSERS)
- b. Total of all expenditures made January 1 through June 30: \$ 0
- c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 0
- 2) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



Patty Dethleff
Signature of Filer

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